## Department of Labor and Industries

This form must be filled out by a Vocational Rehabilitation Counselor who has received a referral from the State Fund.

## 1st 52 WEEK PERIOD **BOARD & ROOM COST ENCUMBRANCE**

	oonsible for sendin m to each vendor		Original			Modification		
Claimant:			Date		Claim Number			
Billing Category	Vendor Name	Vendor Name	Vendor Name	Vendor Name	1st 5	vious 2 week	Total L&I	
and Code	Provider No.	Provider No.	Provider No.	Provider No.	Plan Expenditures		Funds	
Board - R0360 (Food & Utilities)				·				
Rent - R0370 (Room & Furniture)								
Relocation - 0375R (1 time/life of claim								
Vendor Funds Allocated								
Dates of Service	From: To:	From: To:	From: To:	From: To:			100	

Total L&I Board & Lodging Funds Allocated 1st 52 Weeks:

## **NOTICE:**

»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»

- 1) Please attach a copy of this form to the Statement for Retraining and Job Modification Services form when submitting bill(s).
- 2) When billing includes refundable cleaning fees and/or start-up fees, the vendor(s) is/are reminded that any/all of the refund is to be returned to the Department of Labor and Industries.

Please include a copy of this form with your refund.

Refund Mailing address only:

ATTN: Cashiers Office

Department of Labor and Industries

PO Box 44835

Olympia WA 98504-4835

	Vocational Counselor:		Date	Signature							
	Company			Phone No.	FAX No.						
For Dept Use Only											
-	Claims Manager Approved Disappr	Date	Phone No.	Signature							